

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 04-06	2. STATE Nevada
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2004	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

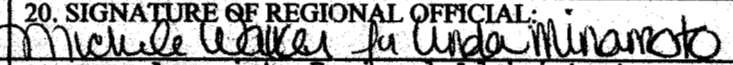
6. FEDERAL STATUTE/REGULATION CITATION: 1905(p) of the Act	7. FEDERAL BUDGET IMPACT: Cost savings a. FFY 2004 \$ 1,694,588.50 (\$ 38,853) b. FFY 2005 \$ 1,696,108.50 (\$ 38,853)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1a of Supplement 8a to Attachment 2.6A Page 6 of Supplement 1 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 1a of Supplement 8a to Attachment 2.6A Page 6 of Supplement 1 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:
Specific change being made to bring Nevada in compliance with federal regulations regarding financial eligibility for Medicare Beneficiaries.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not wish to
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL review the State Plan amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: John A. Liveratti, Chief DHCFP/Medicaid 1100 East William Street, Suite 102 Carson City, Nevada 89701
13. TYPED NAME: Michael J. Willden	
14. TITLE: Director, DHR	
15. DATE SUBMITTED: MAR 26 2004	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 26, 2004	18. DATE APPROVED: 6/23/04
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2004	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Linda Minamoto	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:
Block 7: Pen and ink changes requested by the State.
Blocks 8 and 9: Pen and ink change to reflect material submitted by the State.

2. \$90 work expense; and
3. Child care deductions limited to \$200 per month per child under age 2, and \$175 per month per child age 2 and older.

Income Exclusion for Children in the Custody of a Public Agency

The income of children will be excluded when:

- The child is in the custody of a state, county or tribal public agency,
AND
- The child is placed in an approved living arrangement.

Determining Countable Lump Sum Income

Lump sum income will be considered only in the month received. Provisions requiring the determination of the ineligible period and income remaining from the calculation of the ineligible period will not be considered in determining Medicaid eligibility. (1902(a)(10)(A)(i)(IV) & (VI) & (ii) (IX) and 1902(1)(1)(A)□(D) of the Social Security Act

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official federal income poverty level:

Eff. Jan 1, 1989: 85 percent percent (no more than 100)

Eff. Jan 1, 1990: 90 percent percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels:

Family Size

Income Level

1

100 Percent

2

100 Percent

TN No. 04-06
Supersedes
TN No. 03-08

JUN 23 2004
Approval Date

Effective Date July 1, 2004